

# STATE GRANT COMPLIANCE REPORTING

## Report Template B: Please use this reporting template for the END OF YEAR report

<b>1. Organization:</b>	
Organization Name:	Lincoln County, North Carolina
Organization Tax ID #:	56-6000315
Project/Activity Title:	SCIF Grant Senior Services
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	06/30
Mailing Address (street, city, state, zip code):	PO Box 738 Lincolnton, NC 28093
Phone Number (area code + number):	704-736-8488
Fax Number (area code + number):	704-735-0273
Contact Person:	Deanna Rios
Contact Person Title:	Finance Director
E-Mail Address:	drios@lincolncounty.org

<b>2. Preparer:</b> [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]	<input type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer: Deanna Rios	XXX	
Phone Number: 704-736-8488		

<b>3. Please provide a list of the Organization's Board Members.</b> [ADD ADDITIONAL PAGES, IF NEEDED]	
<b>Name of Board Member</b>	<b>Board Member Title</b>
Carrol Mitchem	Chair
Milton Sigmon	Vice Chair
Bud Cesena	Board Member
Anita McCall	Board Member
Cathy Davis	Board Member

<b>4. What restrictions are placed upon the grant by the grant award document? If the grant award document does not identify specific restrictions, please identify the intended use of the grant funds as included in the award document.</b>			
Restrictions: Must be spent on an outdoor patio at the Senior Center			
<b>5. Does the organization have a Conflict of Interest policy?</b>	<input checked="" type="checkbox"/> x	<input type="checkbox"/> yes	<input type="checkbox"/> no
<b>6. Is the organization a for profit entity?</b>	<input type="checkbox"/>	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> x no

<b>7. Did the organization subgrant or pass down any funds to another organization?</b>			
		<input type="checkbox"/> yes	<input checked="" type="checkbox"/> x no
If yes, answer the following:			
a. Name of Subgrantee	b. Program Name	c. Amount Subgranted	

<b>8. Program Activities and Accomplishments:</b>
Recipient must complete and submit a separate Program Activities and Accomplishments Report, detailing the program name, the original goals of each program, and a brief narrative of program accomplishments for each funded program. This information is required of all recipients of state funding in an amount greater than or equal to \$25,000.

## SCHEDULE OF RECEIPTS AND EXPENDITURES

Report Template C: Please use this reporting template for the END OF YEAR report

<b>9. Organization:</b>	
Organization Name:	Lincoln County, North Carolina
Organization Tax ID#:	56-6000315
Organization Fiscal Year End:	06/30
Mailing Address (street, city, state, zip code):	PO Box 738 Lincolnton, NC 28093
Phone Number (area code + number):	704-736-8488
Fax Number (area code + number):	704-735-0273
Contact Person:	Deanna Rios
Contact Person Title:	Finance Director
E-Mail Address:	drios@lincolncounty.org

<b>a. Receipts</b>		
<b>Funding State Agency</b>	<b>Grant Title</b>	<b>Total Receipts</b>
NC DHHS	SCIF Senior Center	20,000
<b>b. Expenditures</b>		
<b>Category</b>	<b>Dollar Amount</b>	
Personnel		
Contracted Services	20,000.00	
<b>(a)Total Personnel/Contracted Srvcs Costs:</b>	20,000.00	
Office Supplies & Materials		
Service Related Supplies		
<b>(b)Total Supplies &amp; Material Costs:</b>		
Travel		
Communications & Postage		
Utilities		
Printing & Binding		
Repair & Maintenance		
Meeting/Conference Expense		
Employee Training (no travel)		
Classified Advertising		
In-State Board Meeting Expenses		
<b>(c)Total Non-Fixed Operating Expense:</b>		
Office Rent (Land, Buildings, etc.)		
Furniture Rental		
Equipment Rental (Phones, Computers, etc.)		
Vehicle Rental		
Dues & Subscriptions		
Insurance & Bonding		
Books/Library Reference Materials		
Mortgage Principal, Interest and Bank Fees		
<b>(d)Total Fixed Charges &amp; Other Expenses:</b>		
Buildings & Improvements		
Leasehold Improvements		
Furniture/Non-Computer Equip., \$500+ per item		
Computer Equipment/Printers, \$500+ per item		
Furniture/Equip., under \$500 per item		
<b>(e)Total Property &amp; Equipment Outlay:</b>		
Purchase of Services		

Contracts with Service Providers	
Stipends/Scholarships/Bonuses/Grants	
<b>(f)Total Services/Contracts:</b>	
Food	
Other (provide description here):	
Other (provide description here):	
Other (provide description here):	
Other (provide description here):	
<b>(g)Total Other Expenses:</b>	
<b>Total Expenditures (sum a through g)</b>	<b>20,000.00</b>

**Unexpended cash balance (do NOT use with reimbursement grants)**

Beginning of the year cash balance	<b>0.00</b>
End of the year cash balance	<b>0.00</b>

**NOTE:** If total receipts, expenditures, beginning or ending unexpended grant balance available for expenditures is \$500,000 or more, an audit is required by G.S. 143C-6-23.

If there are any questions, please contact the Contract Administrator.

**PROGRAM ACTIVITIES AND ACCOMPLISHMENTS REPORT**  
**Report Template D: Please use this reporting template for the END OF YEAR report**

Recipient Name:	Lincoln County, North Carolina
Recipient Tax ID #	56-6000315
Project/Activity Title:	SCIF Senior Services
Recipient's Fiscal Year End:	06/30
Report Completion Date:	07/15/22
Preparer of This Report:	Deanna Rios

  

**1. What were the original goals and expectations for the activity supported by this grant?**  
 To create an outdoor garden and patio area to be enjoyed by the Senior Citizens that utilize the Center

  

**2. If applicable, how have those goals and expectations been revised or refined during the course of the project?**  
 Not applicable

  

**3. What has the activity accomplished with these grant funds? Please include specific information including facts and statistics to support conclusions and judgments about the activity's impact.**  
 The construction of the outdoor patio/garden area has allowed the Center to start outdoor programs, including gardening, and enjoying the outdoor space, constructing and maintaining raised garden beds and keeping seniors outside, where the risk of COVID is less.

**4. If the activity is a continuing one, briefly summarize future plans and funding prospects.**

Future activities include more gardening glasses, bird watching, allowing seniors to gather and socialize in an outdoor environment, which is important for their mental health and wellbeing. Any expansion to the programs or areas would be considered with future funding opportunities.

Thank you for helping the Seniors of Lincoln County!!

If there are any questions, please contact the Contract Administrator.